



PTO/SB/52 (09-04)

Approved for use through 04/30/2007, OMB 0651-0033  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

REISSUE APPLICATION DECLARATION BY THE ASSIGNEE		Docket Number (optional) ACY33350-02
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I hereby declare that:

The residence, mailing address and citizenship of the inventors are stated below.

I am authorized to act on behalf of the following assignee: BASF Aktiengesellschaftand the title of my position with said assignee is: Director

The entire title to the patent identified below is vested in said assignee.

Inventor <b>Klaus-Juergen PEES</b>	Citizenship Germany
Residence/Mailing Address Soonwaldstrasse 9, 55129 Mainz, Germany	
Inventor <b>Guenter KRUMMEL</b>	Citizenship Germany
Residence/Mailing Address Raiffeisenstrasse 13, 55578 Vendersheim, Germany	
<input checked="" type="checkbox"/> Additional Inventors are named on separately numbered sheets attached hereto.	
Patent Number <b>6,255,309</b>	Date of Patent Issued <b>July 03, 2001</b>

I believe said inventor(s) to be the original and first inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled:

**FUNGICIDAL TRIFLUOROMETHYLALKYLAMINOTRIAZOLOPYRIMIDINES**

the specification of which

 is attached hereto. was filed on August 20, 2003 as reissue application number 10, 543,707and was amended on \_\_\_\_\_  
(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

 I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b). Attached is form PTO/SB/02B (or equivalent) listing the foreign applications.

I verify believe the original patent to be wholly or partly Inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

 by reason of a defective specification or drawing. by reason of the patentee claiming more or less than he had the right to claim in the patent. by reason of other errors.

[Page 1 of 2]

This collection of information is required by 37 CFR 1.175. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 30 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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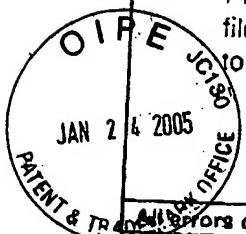
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## REISSUE APPLICATION DECLARATION BY THE ASSIGNEE

Docket Number (Optional)  
ACY33350-02

At least one error upon which reissue is based is described as follows:

Priority of application Serial No. 08/843,323, filed April 14, 1997, and PCT/US 98/05615, filed March 23, 1998, was not claimed in the application which issued as US 6,255,309, due to an inadvertent oversight and an unintentional error.



[Attach additional sheets if needed.]

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.

I hereby appoint:

 Practitioners associated with Customer Number:

26474

OR

 Practitioner(s) named below:

Name	Registration Number
Herbert B. Kell	18,967
Jason D. Voight	42,205
Daniel S. Kim	51,877

as my/our attorney(s) or agent(s) to prosecute this application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Correspondence Address: Direct all communications about the application to:

 The address associated with Customer Number:

26474

OR

Firm or Individual Name	Keil & Weinkauf				
Address	1350 Connecticut Avenue, NW Suite 1100				
City	Washington	State	DC	Zip	20036
Country	USA				
Telephone	(202) 659-0100	Fax	(202) 659-0105		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Signature

*R. Köster*Full name of person signing (given name, family name)  
ppa. Köster*Dr. Michael E. Niedenbrück*

Date

Jan. 20, 2005

Address of Assignee  
BASF Aktiengesellschaft  
67056 Ludwigshafen, Germany*i.V. Niedenbrück*

Henry van Tuyl COTTER  
Full name of third inventor  
34 Chelmsford Court, Trenton N.J. 08618, U.S.A.  
Residence/Mailing Address

U.S.A.  
Country of Citizenship

Guldo ALBERT  
Full name of fourth inventor  
Volkheimer Straße 4, 55546 Hackenheim, Germany  
Residence/Mailing Address

Germany  
Country of Citizenship

Annerose REHNIG  
Full name of fifth inventor  
Rathenaustrasse 11, 55218 Ingelheim, Germany  
Residence/Mailing Address

Germany  
Country of Citizenship

Leslie MAY  
Full name of sixth inventor  
25 Commons Road, Wokingham, Berkshire RG41 1JJ, Great Britain  
Residence/Mailing Address

Great Britain  
Country of Citizenship

Waldemar PFRENGLE  
Full name of seventh Inventor  
Junkermühle 1, 55441 Seibersbach, Germany  
Residence/Mailing Address

Germany  
Country of Citizenship

TOTAL P.07